

1523

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

698

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|---|---|---|--|--|--|--|
| 27 OF DEATH AND 74 RESIDENCE 1308 | 1. PLACE OF DEATH A. COUNTY Maricopa | | B. LENGTH OF STAY IN THIS TOWN 3 yrs. IN ARIZONA 3 yrs. | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa | |
| | C. CITY OR TOWN Phoenix | | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | | C. CITY OR TOWN Phoenix <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS | |
| | D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Good Samaritan Hospital | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 8036 N. 10th Avenue | | | |
| EDENT SONAL ATA 172 9 355 | 3. NAME OF DECEASED (TYPE OR PRINT) Rebecca Jane Belchin | | 4. SEX Fem | 5. COLOR OR RACE White | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married | |
| | 6B. NAME OF SPOUSE John V. | | 7. DATE OF BIRTH MONTH Feb DAY 16 YEAR 1883 | 8. AGE (IN YEARS LAST BIRTHDAY) 72 | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife | |
| | 9B. KIND OF BUSINESS OR INDUSTRY At home | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Canada | 11. CITIZEN OF WHAT COUNTRY? U.S.A. | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No | 13. SOCIAL SECURITY NO. None | |
| CAUSE OF DEATH EM 18) | 14A. FATHER'S NAME Samuel Robinson | | 14B. BIRTHPLACE (STATE OR COUNTRY) Canada | | 15A. MOTHER'S MAIDEN NAME (Unk) McFarland | |
| | 15B. BIRTHPLACE (STATE OR COUNTRY) Unknown | | | | | |
| | 16. INFORMANT'S SIGNATURE (ADDRESS) Mrs. Neo Aprial (daughter) 8036 N. 10th Ave. Phoenix, Arizona | | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 14, 1955 | | | |
| ATIONS, TOPSY | 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 200X THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Pneumonia</u> 2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. (B) <u>aspiration pneumonia</u> 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. (C) <u>gastric hemorrhage?</u> Diabetes | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 48 hrs | | | |
| | 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| | 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Mar. 11, 1955 TO Mar. 14, 1955 . THAT I LAST SAW THE DECEASED ALIVE ON Mar 13, 1955 , AND THAT DEATH OCCURRED AT 8:35 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | | |
| DEATH DUE TO EXTERNAL VIOLENCE | 22A. SIGNATURE (DEGREE OR TITLE) Frank J. Stump M.D. | | 22B. ADDRESS 4206 N. 7th Ave. Phoenix | | 22C. DATE SIGNED 3/17/55 | |
| | 23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) | | 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) | | 23C. (CITY OR TOWN) (COUNTY) (STATE) | |
| | 23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY | | 23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 23F. HOW DID INJURY OCCUR? | |
| ONER'S ICATION/ | 24A. CORONER'S SIGNATURE | | 24B. ADDRESS | | 24C. DATE SIGNED | |
| | 25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> DATE 3-15-55 | | 25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park | | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona | |
| | 26A. DATE REC. BY LOCAL REG. 3/21/55 | | 26B. REGISTRAR'S SIGNATURE Rebecca Johnston | | 27A. FUNERAL DIRECTOR'S SIGNATURE Jack Hansen | |
| 27B. ADDRESS Shirshaw Mortuary 334 WEST MONROE PHOENIX, ARIZONA | | | | | | |